



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E383506**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	<b>14-03087</b>
LOCAL AGENCY CODING	
TOTAL # OF UNITS	<b>03</b>
OBJECT STRUCK	

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	<b>12</b>	<b>12</b>	<b>2014</b>	<b>1635</b>	<b>31</b>						

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
<b>91 AVE SE</b>	BLOCK NO. <input checked="" type="checkbox"/>	<b>11900</b>
	MILE POST <input type="checkbox"/>	

DISTANCE		MILES		N	E	OF	
		FEET		S	W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	<b>D: 4253451236</b>
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LAST NAME	<b>ACKLEY</b>	FIRST NAME	<b>MEEKO</b>	MIDDLE INITIAL	<b>T</b>
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STREET NEW ADDRESS	<b>3520A 132ND ST SW</b>
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CITY	<b>LYNNWOOD</b>	ST	<b>WA</b>	ZIP	<b>980875105</b>
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GDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	<b>ACKLEMT044M3</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B.	<b>07</b>	<b>23</b>	<b>1996</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	<b>3</b>	RESTR.	<b>9</b>	EJECT	<b>1</b>	HELMET USE	<b>9</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
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LICENSE PLATE #	<b>261ZWT</b>	STATE	<b>WA</b>	VIN#	<b>2T1BR12E11C820334</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	<b>2001</b>	MAKE	<b>TOYT</b>	MODEL	<b>COROL</b>	STYLE	<b>4D</b>	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	<b>MACK'S TOWING</b>	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **SABRINA HOLLAND 3520 132ND ST SW, APT A LYNNWOOD WA**

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	<b>D: 4253350994</b>
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LAST NAME	<b>NEWTON</b>	FIRST NAME	<b>ROXANNE</b>	MIDDLE INITIAL	
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STREET NEW ADDRESS	<b>9116 7TH ST SE</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>982583799</b>
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GDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	<b>NEWTOR*434DE</b>	STATE	<b>WA</b>	SEX	<b>F</b>	D.O.B.	<b>03</b>	<b>05</b>	<b>1957</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	<b>2</b>	RESTR.	<b>9</b>	EJECT	<b>1</b>	HELMET USE	<b>2</b>	INJURY CLASS	<b>1</b>	NATURE OF INJURIES
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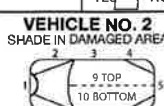
LICENSE PLATE #	<b>A65039J</b>	STATE	<b>WA</b>	VIN#	<b>1FTCF15F0EPB08275</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	<b>1984</b>	MAKE	<b>FORD</b>	MODEL	<b>F1PU</b>	STYLE	<b>PK</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **KELSEY FREEMAN 9116 7TH ST SE LAKE STEVENS WA 98258**

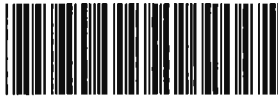
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			



OFFICER'S NAME (PRINT)	<b>N. ADAMS #127</b>	BADGE OR ID #	<b>127</b>	AGENCY	<b>WA0311900</b>
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E383506**

CASE # **14-03087**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)															
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY				
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS	NATURE OF INJURIES

NARRATIVE

On 12/12/14 at about 1637 hours, (all times approximate) I was dispatched to a three car collision on the 11900 block of 91st Ave SE in the city of Lake Stevens.

Unit 3, LIC: AKF7379, was stopped for oncoming traffic in the southbound lane of 91st Ave SE to make a left turn into her residential complex. Unit 2, LIC: A65039J, was stopped behind Unit 3 when Unit 1, LIC: 261ZWT, drove into the back of Unit 2 who was pushed into Unit 3.

Unit 1 was towed from the scene with significant front end damage. Unit 2 had no damage to the vehicle and was able to drive away. Unit 3 sustained damage to the rear and was able to drive away. None of the drivers claimed to have been injured.

I took digital photographs of vehicles involved which were later printed and added to the case report and copied to a compact disk and booked into evidence.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**N. ADAMS #127**

**12-13-14 06:21 PM**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

**RON BROOKS 013**

**12/14/2014 3:40:01 PM**

BADGE OR ID #	<b>127</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>4:37 PM</b>	TIME POLICE ARRIVED	<b>4:45 PM</b>
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SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

REPORT NO. **E383506**

CASE # **14-03087**

**COMMERCIAL MOTOR CARRIER**

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY  
TYPE

CARRIER  
NAME

CARRIER  
ADDRESS

CITY

ST

ZIP

NAME  
SOURCE

#  
AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

**ADDITIONAL UNITS**

UNIT #

3

MOTOR  
VEHICLE

☒

PEDAL-  
CYCLE

☐

PEDESTRIAN

☐

PROPERTY  
OWNER

☐

DAMAGE THRESHOLD MET  
YES ☒ NO ☐

PHONE

D: 4255308729

LAST NAME

DE VERA

FIRST NAME

LUISA

MIDDLE  
INITIAL

C

STREET  
NEW ADDRESS

119 91ST AVE SE APT 11C

CITY

LAKE STEVENS

ST

WA

ZIP

982586662

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

DEVERLC298QA

STATE

WA

SEX

F

D.O.B.  
MMDDYYYY

11

01

1971

ON DUTY

☐

STATUS

AIRBAG

2

RESTR.

9

EJECT

1

HELMET  
USE

2

INJURY  
CLASS

1

NATURE OF INJURIES

LICENSE  
PLATE #

AKF7379

STATE

WA

VIN#

2HNYD18806H520432

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

2006

MAKE

ACUR

MODEL

MDX5D

STYLE

UT

VEHICLE TOWED  
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☒

REGISTERED OWNER INFO. ERNESTO DE VERA APT 11C LAKE STEVENS WA 98258

LIABILITY INSURANCE  
IN EFFECT

☒

INSURANCE CO  
& POLICY #

HARTFORD ACC 52PH444252

VEHICLE  
LEGALLY  
STANDING

YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR  
VEHICLE

☐

PEDAL-  
CYCLE

☐

PEDESTRIAN

☐

PROPERTY  
OWNER

☐

DAMAGE THRESHOLD MET  
YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE  
INITIAL

STREET  
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S  
LICENSE #

STATE

SEX

D.O.B.  
MMDDYYYY

ON DUTY

☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

LICENSE  
PLATE #

STATE

VIN#

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED  
YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE  
YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE  
IN EFFECT

☐

INSURANCE CO  
& POLICY #

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127

12-13-14 06:21 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE  
OR ID #

127

ORI  
#

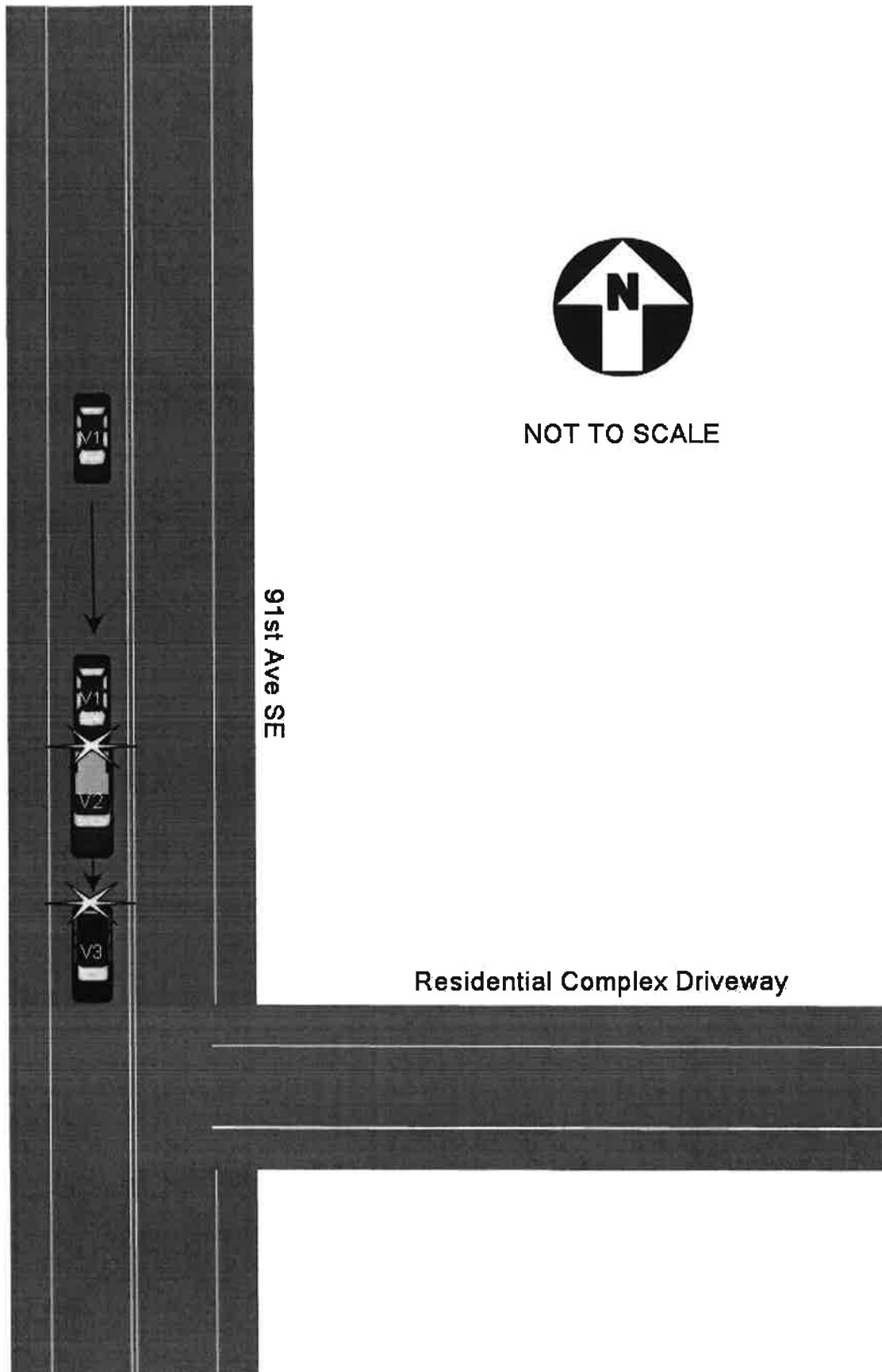
WA0311900

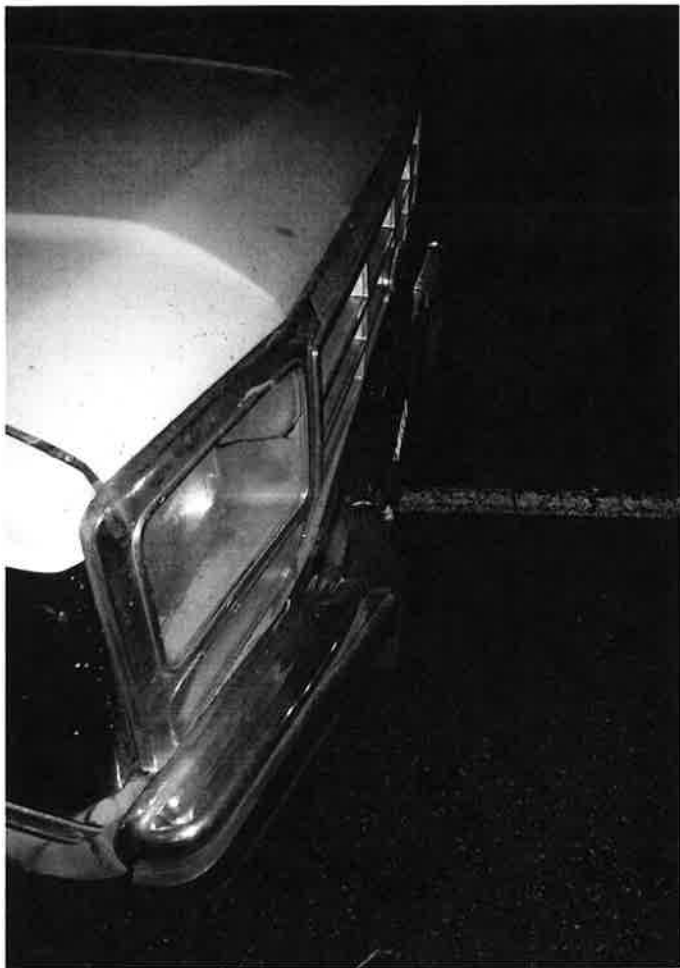
APPROVED BY  
BROOKS

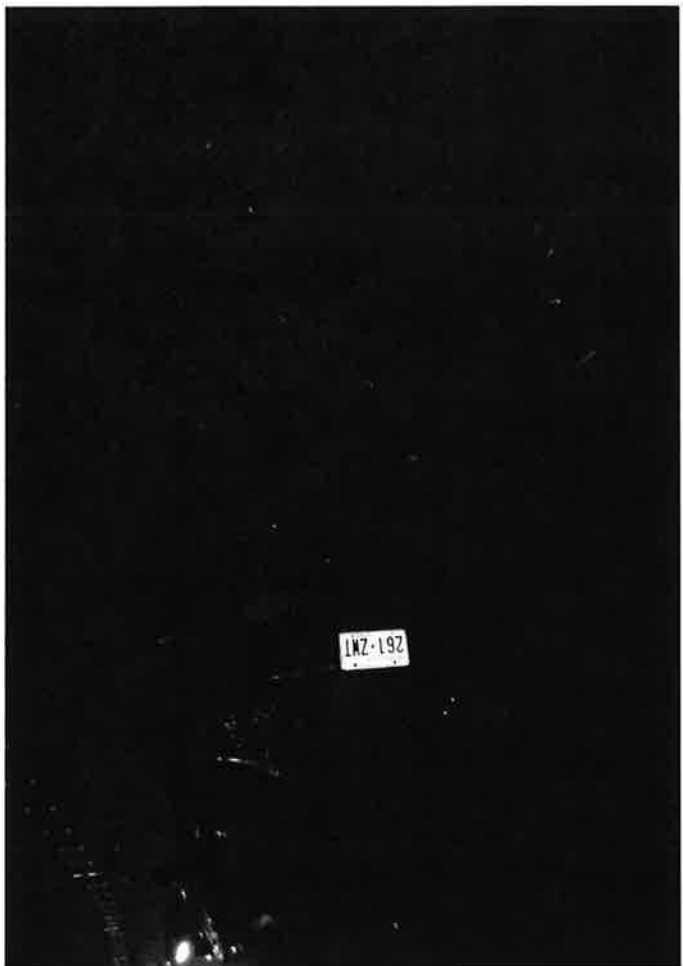
DATE  
12/14/201

PAGE 3

OF 4









LSPD  
ORIGINAL



Case # 14-03087

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>Adams #127</i>		Case Number <i>14-03087</i>			
Type of Crime: <u>Felony / Misdemeanor</u> (Circle)		Type of Case: <i>Collision</i>		Date/Time: <i>12/13/14 1722</i>			
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification					
Item # <i>141</i> Action # <i>3</i>	Item <i>CD with pics</i>		Brand Name <i>compussessory</i>		Storage Location	Disposition	
	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name <i>LSPD</i>		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>#127</i>							
Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Item #	Item		Brand Name		Storage Location	Disposition	
	Brand/Model/Caliber		(Further Description)				
	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address	City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions							
Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC	✓	Date:	CAD/RMS Checked	ROUTING:	
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room		
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File		

ORIGINAL  
LSPD



Incident History for: #SS14024579 Xref: #AG14003605  
Case Numbers: \$SS14003087  
Received 12/12/14 16:35:48 BY SPDF24 SP0348  
Entered 12/12/14 16:37:33 BY SPDF24 SP0348  
Dispatched 12/12/14 16:37:51 BY SPDF17 SP0371  
Enroute 12/12/14 16:37:51  
Onscene 12/12/14 16:45:26  
Closed 12/12/14 17:28:14

Initial Type: COL Initial Alarm Level: Final Alarm Level:  
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H  
Police BLK: SS003 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: SOUT  
Src: 9  
Loc: 119 91 AV SE , LKS btwn MERIDIAN PL NE & 2 PL SE (V)  
Latitude: (+) 47.994976 Longitude: (-) 122.108510

Loc Info: ON 91 AV SE IFO

Name: BEDARA, LOUISA

Addr:

Phone: 4255308729

/1637 (SP0348) ENTRY , MVC, 3 VEHS, ADULT FEM HIT HEAD - IN GRY ACURA  
MDX , NON BLKING  
/1637 CROSS #AG14003605  
/1637 (SP0371) DISPER 19D2 #SS127 ADAMS, OFFICER (NATHAN)  
/1645 ONSCNE 19D2  
/1654 ROTREQ 19D2 TOW 5099 LKS MACK'S TOWING  
3605683131  
/1701 ASNCAS 19D2 \$SS14003087  
/1702 (SS127 ) REMINQ 19D2 MDTVEH, 261ZWT, , WA, , , , , , , , , ,  
/1706 REMINQ 19D2 MDTWANT, , , , , , WA, HOLLASA055R73520132, ND, , ST, SW, ,  
\*\*\*\*\*  
/1706 REMINQ 19D2 MDTWANT, , , , , , WA, HOLLASA055R7, , , , , , , , , ,  
/1728 (SP0371) CLEAR 19D2 D/H  
/1728 CLOSE 19D2

LSPD  
ORIGINAL